

RESIDENT CERTIFICATION

The following page of this form is the Resident Certification Form, which is to be utilized by in-state providers who are not yet licensed by the Alabama Board of Medical Examiners, to request a pseudo license number. Providers utilizing this form must be serving as a resident in a valid Residency Program within the state of Alabama.

Upon receipt of a Resident Certification Form, Provider Enrollment staff reviews the indicated information and makes the decision to deny assignment of a pseudo license number or assign a pseudo license number. When a pseudo license number is assigned, the Residency Program to which the provider is associated will receive a copy of the form showing the pseudo number assigned, which is to be utilized by the resident as a prescribing ID when prescribing medications to Alabama Medicaid recipients. Pseudo license numbers are to be used only for the purpose of prescribing medications for Alabama Medicaid recipients. The pseudo license number is to be utilized only by the resident to which the pseudo number is assigned.

OUT-OF-STATE and NON-ENROLLED PRESCRIBING PROVIDERS

In order for out-of-state and non-enrolled providers to prescribe medications to an Alabama Medicaid recipient, the prescribing provider's professional license must be registered in the Alabama Medicaid CICS system. Out-of-state and non-enrolled physicians who are prescribing medications are normally required to submit a current copy of their professional license to the Provider Enrollment Department. Prescribing providers, such as Nurse Practitioners may be required to submit additional documentation. Professional license copies or additional documentation should be submitted to Provider Enrollment.

Upon receipt of the documentation needed, Provider Enrollment staff will add the license number of the prescribing provider to the Alabama Medicaid CICS system, which will be utilized to process prescriptions.

Resident Certification Forms may be mailed to the address provided below, but cannot be faxed due to the requirement of original signatures.

Copies of professional license or any additional documentation required to gain prescribing capabilities in relation to Alabama Medicaid recipients may be faxed or mailed to the number or address below:

FAX: 334-215-4298
ADDRESS: P O Box 241685, Montgomery, AL 36124

RESIDENT CERTIFICATION

ALABAMA MEDICAID AGENCY

The purpose of this form is to certify residents (interns) who have not obtained an Alabama License so as to allow them to prescribe medications for Medicaid recipients.

The following information should be completed on Applicant.

NAME (Last, First, Middle)	INDIVIDUAL SOCIAL SECURITY NUMBER _____/_____/_____
PHYSICAL ADDRESS (Number Street, Room/Suite)	TYPE OF PROVIDER (Physician, Dentist, etc.)
(City, State, Zip)	SPECIALTY (General Practice, Radiology, etc.)
COUNTY	TELEPHONE NUMBER _____/_____/_____
DATE TRAINING STARTED: _____	HOSPITAL AFFILIATION (Location)
DATE TRAINING WILL END: _____	
LIMITED LICENSE NUMBER and/or CURRENT AL LICENSE NUMBER (If applicable)	TRAINING INSTITUTION (Location)

The applicant must have received a diploma from a college of medicine and/or approved osteopathy institution.

The applicant must be enrolled in a approved Alabama school of medicine training program.

Applicant and Program Director, Chief Medical Officer, or Program Dean must attest to the applicant's qualification.

In signing this certification, they certify that the applicant meets the State of Alabama's qualifications for residency and/or internship program.

APPLICANT SIGNATURE _____	DATE _____
CERTIFYING OFFICER SIGNATURE _____	DATE _____

TITLE _____

If there are questions concerning completion of this application, please contact
EDS Provider Enrollment at 888-223-3630.
Return this form to EDS Provider Enrollment
301 Technacenter Drive, Montgomery, AL 36117 or P. O. Box 241685, Montgomery, AL 36124.

UNIQUE I.D. NUMBER ASSIGNED: _____	DATE: _____
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EDS CLERK: _____

DUE TO THE NEED TO SCAN THESE FORMS, YOU MUST COMPLETE IN BLACK INK